

### IN THE SPECIFICATION

Please amend the specification as follows:

On page 1, immediately after the title of the invention at line 1, please replace the following amended paragraph:

### CROSS-REFERENCE TO RELATED APPLICATIONS

This is a continuation application of a co-pending application having U.S. Serial No. 09/881,290, filed June 12, 2001, now U.S. Patent No. 6,666,829, which is a continuation of U.S. Serial No. 09/203,140 filed December 1, 1998, now U.S. Patent No. 6,390,993, which is a continuation-in-part of U.S. Serial No. 08/868,764 filed June 4, 1997, now abandoned, the contents of all of which are hereby incorporated by reference.

Please replace the paragraph on page 1, line 11-page 3, line 10, with the following amended paragraph:

In a typical coronary procedure a guiding catheter having a preformed distal tip is percutaneously introduced into a patient's peripheral artery, e.g. femoral or brachial artery, by means of a conventional Seldinger technique and advanced therein until the distal tip of the guiding catheter is seated in the ostium of a desired coronary artery. There are two basic techniques for advancing a guidewire into the desired location within the patient's coronary anatomy, the first is a preload technique which is used primarily for over-the-wire (OTW) devices and the bare wire technique which is used primarily for rail type systems. With the preload technique, a guidewire is positioned within an inner lumen of an OTW device such as a dilatation catheter or stent delivery catheter with the distal tip of

the guidewire just proximal to the distal tip of the catheter and then both are advanced through the guiding catheter to the distal end thereof. The guidewire is first advanced out of the distal end of the guiding catheter into the patient's coronary vasculature until the distal end of the guidewire crosses the arterial location where the interventional procedure is to be performed, e.g. a lesion to be dilated or a dilated region where a stent is to be deployed. The catheter, which is slidably mounted onto the guidewire, is advanced out of the guiding catheter into the patient's coronary anatomy over the previously introduced guidewire until the operative portion of the intravascular device, e.g. the balloon of a dilatation or a stent delivery catheter, is properly positioned across the arterial location. Once the catheter is in position with the operative means located within the desired arterial location, the interventional procedure is performed. The catheter can then be removed from the patient over the guidewire. Usually, the guidewire is left in place for a period of time after the procedure is completed to ensure reaccess to the arterial location [is] if it is necessary. For example, in the event of arterial blockage due to dissected lining collapse, a rapid exchange type perfusion balloon catheter such as described and claimed in U.S. Patent 5,516,336 (McInnes et al), can be advanced over the in-place guidewire so that the balloon can be inflated to open up the arterial passageway and allow blood to perfuse through the distal section of the catheter to a distal location until the dissection is reattached to the arterial wall by natural healing.

Please add the following paragraph at page 17, line 3:

FIG. 17 is an elevational view of a section of a guidewire having features of the invention.

Please add the following new paragraph at page 34, line 10:

In FIG. 17, an embodiment of an elongate core member 109 has a longitudinal section 11 of substantially linear change in stiffness intermediate to a more flexible proximal portion 111 having a substantially constant diameter and a constant taper section 112 with a constant taper angle increasing in diameter.

Please add the following new paragraph at page 28, line 11:

The elongated core member may be made from a material with changing hardness in a longitudinal direction configured such that the change in hardness produces a substantially linear change in bending stiffness along the length of the core member.